

UTILITY
PATENT APPLICATION
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

DEP 0639

First Inventor

Christopher Rogers

Title

Vertebral Endplate Chisel

Express Mail Label No.

EE500744360US

PTO
046 U.S. PTO
09/998972

10/31/01

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 20]
(Preferred arrangement set forth below)
- Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 14]
5. Oath or Declaration [Total Pages]
- a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
- Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other—Certificate of Mailing
—Unsigned Declaration

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label 000027777 or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Thomas M. DiMauro at:

Telephone: (508) 880-8401 Fax: (508) 828-3789

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Thomas M. DiMauro Reg. No. 35,490

SIGNATURE

Thomas M. DiMauro

10-31-01

DATE

October 31, 2001

10/31/01



1-960 U.S. PRO

FEE TRANSMITTAL*Complete if Known*

Application Number	
Filing Date	October 31, 2001
First Named Inventor	Christopher Rogers
Group Art Unit	
Examiner Name	
Attorney Docket Number	DEP 0639

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	44 - 20 =	14	x 18.00	\$252.00
INDEPENDENT CLAIMS	6 - 3 =	3	x 80.00	\$240.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$1,202.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/DEP0639/TMD in the amount of \$1,202.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/DEP0639/TMD. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Thomas M. DiMauro	Reg. No. 35,490
Signature	<i>Thomas M DiMauro</i>	Deposit Account No. 10-0750
	Date: 10-31-01	

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For : Vertebral Endplate Chisel

Karen M. Napp
(Signature of person mailing paper or fee)